

Correction/Removal Application Form



Municipal Register of Cultural Heritage Properties
"Non-Designated" Properties

A) APPLICANT INFORMATION

Name of Registered Property Owner

Address of Registered Property Owner

Phone

Email

Please note: Authorization is required if the applicant is not the owner - See Part F.

AGENT INFORMATION

(If another party is filling out this application on behalf of the owner.)

All correspondence will be sent to the agent and copied to the owner.

Name of Agent

Address of Agent

Phone

Email

B) PROPERTY INFORMATION

Address of Subject Property

Legal Description (e.g. Lot and Plan No.)

Date of Acquisition of Subject Property

Current Use (s)

Existing Structures

Yes (please specify use)

No

Structure 1

Structure 2

Structure 3

Current Photo of Property Attached? Yes No

C) REQUEST DETAILS

When filling out this section please consult the current Municipal Register of Cultural Heritage Properties - Non-Designated Properties and the "Criteria for Determining Cultural Heritage Value or Interest" prescribed in Ontario Regulation 9/06 to the Ontario Heritage Act (See Attached Appendix A).

1 Correction to Municipal Register

Are you requesting a correction to Municipal Register Information? Yes No

If Yes, please identify what information is incorrect and provide details explaining what change you are requesting and include documentation/data sources in support of your application.

Property Address

Legal Address

Build Date

Significant Features

2 Removal from the Municipal Register

Are you requesting a removal from the Municipal Register?

Yes

No

If Yes,

Please provide your rationale for the property not displaying any design or physical value under the Criteria attached as Appendix A to the Review Process Guidelines.

Please provide your rationale for the property not displaying any historic or associative value under the Criteria attached as Appendix A to the Review Process Guidelines.

Please provide your rationale for the property not displaying any contextual value under the Criteria attached as Appendix A to the Review Process Guidelines.

Has a Heritage Assessment been conducted?

Yes

No

HERITAGE CONSULTANT INFORMATION

Name of Heritage Consultant	
Address of Heritage Consultant	
Phone	Email

3 Assessment by Heritage Central Elgin

Are you requesting Heritage Central Elgin to conduct a detailed Heritage Assessment of the property?

Yes No

Please note that additional time will be required for Heritage Central Elgin to conduct a detailed assessment of the property. If a detailed assessment is sought by the property owner, additional background research is required which could warrant proceeding with the designation of a property under the Ontario Heritage Act.

D) PROJECT INFORMATION

is this property currently or previously the subject of a development application (e.g. Re-Zoning, Site Plan Control, Building Permit, Demolition, etc)?

Yes No

If yes, please provide

Date

File Number

Purpose

Details/Outcome

E) SWORN DECLARATION

I/WE HEREBY CERTIFY that the information contained in this application is true, correct and complete in every respect and may be verified by the Municipality of Central Elgin, including Heritage Central Elgin members, by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY GRANT PERMISSION to the Municipality of Central Elgin, or its agents, including Heritage members, to inspect my/our property as part of the review/heritage assessment process.

Name of Property Owner

Title

Signature of Property Owner
(Owner must sign application,
Please see Part F: Application for Agent to Act for Owner)

Date

Signature of Agent (where applicable)

Date

Name of Qualified Person
(where applicable) (Heritage Consultant)

Title

Signature of Qualified Person
(where applicable) (Heritage Consultant)

Date

Personal information in this application (name, address, phone number, e-mail address) is part of the public record and by signing such application form the applicant acknowledges that such information can be disclosed to the public.

F) AUTHORIZATION OF AGENT TO ACT FOR OWNER

If application is signed by an Agent on Owner's behalf, the Owner's written authorization below must be completed and submitted with the application

I/WE _____

Of the _____ of _____

In the County/Region of _____

Do hereby authorize _____

To act as my/our agent in this application.

Signature of Owner(s)

Date

Print Name of Owner(s)

Personal information in this application (name, address, phone number, e-mail address) is part of the public record and by signing such application form the applicant acknowledges that such information can be disclosed to the public.

OFFICE USE ONLY

Date Received

60 Day Review Period Ends

Application Complete

Support Materials Provided

Correction Request

Result Request

Removal Request

Date of Heritage Central Elgin Sub-Committee

Date of Heritage Central Elgin Meeting

Invite Applicant

Council Date

Result Request

Register Updated

Comments